

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Clay

MAR 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff(No. 1054)Grand Avenue

St.

Ward)

File No. 5225Registered No. 62

2. FULL NAME

Mattie Annie Lou Robinson(a) Residence, No. 1054 Grand Avenue

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWilliam L. Robinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1885

7. AGE

YEARS

51

MONTHS

9

DAYS

4If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Stoddard County
Missouri

13. NAME

George King14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mobile
Alabama

15. MAIDEN NAME

Rebecca Summerford16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Brooksfield,
Mississippi17. INFORMANT
(ADDRESS)Arch King (brother)
Rombauer, Mo.

18. BURIAL, CREMATION, OR OTHER FINAL

PLACE WoodlawnDATE Feb. 16, 193719. UNDERTAKER
(ADDRESS)Greer Funeral Service
Poplar Bluff, Missouri

20. FILED

2/15, 1937By W. S. Slinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2-7-, 1937, to 2-15-, 1937I last saw her alive on 2-15-, 1937. Death is saidto have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) St. Clay, M. D.(Address) Poplar Bluff, Mo.

